_	ency Report of: ⁻ emonial Role Events and Tic	:ket/Pass	Distributions	RECEIVED	A Public Document	
	gency Name		E_3	Date Stamp &	California 802	
D	Office of Canalmem I ivision, Department, or Region (If Applicable		ul Peraleti		Form OUZ For Official Use Only	
D	DISTRICT 3 Designated Agency Contact (Name, Title)					
Ā	Pancia Ceja rea Code/Phone Number/ IE-mail	maa Ceja			Amendment (Must provide explanation in Part 3.)	
9.	08-535-4929 patricia ciga Esanjosera ga			Date of Original Filing:(Month, Day, Year)		
2. F	unction or Event Informátion		107.00			
D				f Each Ticket/Pass \$/	02-00	
E	Event Description <u>DISTEM OF TCE</u> Date(s) <u>OZ</u>			19/6		
Ti	Ticket(s)/Pass(es) provided by agency? Yes No No If no: San Jose Aven Authant					
	as ticket distribution made at the behest of agency official?	No ☐ Yes	If yes:	Official's Name (La	st, First)	
	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
_		Number of Ticket(s)/ Pass(es)		ic purpose made pursuant to		
В	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following		
			Ceremonial Role [If checking "Ceremoni	Other Dail Role" or "Other" describe below:	Income 🗌	
_				Other all Role" or "Other" describe below:	Income	
C	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the age ncy's policy	
_(Child Advocates of	24	pecognit	jan		
,	Child Advocates of Silican Valley					
. V	erification ve read and understand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set for	rth above, is in accordance with t	he requirements	
		M PCI Print Nam	1	UNCHMENTS Title	W 2/12/16 (Month, Day, Year)	
_						